

# PART B - FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to: **Box ISSUE FEE**  
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**Washington, D.C. 20231**

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21839 7590 03/12/2002

**BURNS DOANE SWECKER & MATHIS L L P**  
**POST OFFICE BOX 1404**  
**ALEXANDRIA, VA 22313-1404**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

06/10/2002 EAREGAY2 00000048 09012272

01 FC:242  
02 FC:561

640.00 OP  
30.00 OP



(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/012,272	01/23/1998	SEAN LEE	028870-080	1919

TITLE OF INVENTION: BOIACTIVE GLASS TREATMENT OF INFLAMMATION IN SKIN CONDITIONS

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
7	nonprovisional	YES	\$640	\$0	\$640	06/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAK, JOHN D	1616	424-489000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**BURNS, DOANE, SWECKER & MATHIS, L.L.P.**

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

**USBiomaterials Corporation**

**One Progress Blvd, Box #23**  
**Alachua, Florida 32615**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

☒ Advance Order - # of Copies **10**

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) **Mary B. Grant** (Date) **June 5, 2002**  
**Reg. No. 32,178**

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